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APPLICANTS

Jerry H. Roberts, Okemos, MI;
 Zane D. Myers, Woodinville, WA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>	STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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ADDRESS
 Christopher J. Fildes
 Fildes & Outland, P.C.
 20916 Mack Avenue, Suite 2
 Grosse Pointe Woods , MI
 48236

TITLE
 Patient medical tubing and catheter anchor and support

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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